

1. <input type="checkbox"/> No 2003 Patient Services Surcharge Obligation	2. <input type="checkbox"/> No 2003 Covered Lives Assessment Obligation	3. <input type="checkbox"/> Covered Lives Report Submitted Separately by Fund or TPA
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NEW YORK STATE DEPARTMENT OF HEALTH
2003 PUBLIC GOODS POOL
 REPORT OF PATIENT SERVICES PAYMENTS AND SURCHARGE OBLIGATIONS

REPORT MONTH _____, _____

PAYOR NAME _____	FEDERAL TAX ID # _____
TPA NAME (if applicable) _____	TPA FEDERAL TAX ID # _____

WHOLE DOLLARS ONLY

DESCRIPTION A	INPATIENT HOSPITAL B	OUTPATIENT HOSPITAL (2) C	FREESTANDING AMBULATORY SURGERY D	COMPREHENSIVE PRIMARY HEALTH CARE CLINIC (2) E
1. 2003 Patient Services Payments Subject to the 5.98% Surcharge for Services Provided January 1, 2003 through June 30, 2003:				
a. Current Month				
b. Prior Period Adjustment				
c. Adjusted Patient Services Payments (Line 1a plus 1b)				
d. Surcharge Liability @ 5.98% (Line 1c x 5.98%)				
1.1. 2003 Patient Services Payments Subject to the 6.47% Surcharge for Services Provided July 1, 2003 through December 31, 2003:				
a. Current Month				
b. Prior Period Adjustment				
c. Adjusted Patient Services Payments (Line 1.1a plus 1.1b)				
d. Surcharge Liability @ 6.47% (Line 1.1c x 6.47%)				
2. 2003 Patient Services Payments Subject to the 8.18% Surcharge for Services Provided January 1, 2003 through June 30, 2003:				
a. Current Month				
b. Prior Period Adjustment				
c. Adjusted Patient Services Payments (Line 2a plus 2b)				
d. Surcharge Liability @ 8.18% (Line 2c x 8.18%)				
e. Co-Payment and Deductible Surcharge Payments @ 8.18% (1)				
2.1. 2003 Patient Services Payments Subject to the 8.85% Surcharge for Services Provided July 1, 2003 through December 31, 2003:				
a. Current Month				
b. Prior Period Adjustment				
c. Adjusted Patient Services Payments (Line 2.1a plus 2.1b)				
d. Surcharge Liability @ 8.85% (Line 2.1c x 8.85%)				
e. Co-Payment and Deductible Surcharge Payments @ 8.85% (1)				
3. Total (Add Lines 1d, 1.1d, 2d, 2e, 2.1d and 2.1e)				

4. Total 2003 Surcharge Obligation on Patient Service Payments. (Line 3, Columns B through E). Carry forward to the Payment and Reconciliation Summary.	
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- (1) Enter all surcharges the third-party payor is voluntarily remitting directly for patient co-payment and deductible payments. See instructions for additional details.
- (2) Note that payments to hospital based laboratories or laboratories housed in comprehensive primary health care clinics must be reported in Column C (Hospital Outpatient Services) or Column E (Comprehensive Primary Health Care Clinic), respectively.

2003